



AcadeMir Charter School West
Before/Mini/Aftercare Program
Registration Form
(One form per child)

Student's Name: _____ Birth Date: _____ Age: _____

Student's Address: _____
City State Zip

Work Number: _____ Cell Number: _____

Allergies/Food Allergy: _____ Chronic Illness/Medications: _____

Grade: _____ School dismissal: (Please circle) 2:30pm 3:30pm

Classroom Teacher's Name: _____

Parent/Guardian: _____ Phone Day: _____
 Phone Evening: _____

Parent/Guardian: _____ Phone Day: _____
 Phone Evening: _____

Sign-Out Information:

Safety is top priority in the program, therefore no child enrolled will be released from the afterschool program without a parent/guardian signature or that of one of the three individuals listed below. (Note: The names that appear below must be of someone 16 years or older.)

Name		Phone		Relationship	
Name		Phone		Relationship	
Name		Phone		Relationship	

Emergency Procedures

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____
 Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Consent for Photographs and Internet Use

I give my consent to AcadeMir Charter School West Afterschool Program to photograph my child and to use such pictures and/or stories in connection with any of the his/her work without consideration of compensation of any kind, and I do release AcadeMir Charter School Middle Afterschool Program from any claims whatsoever which may arise in said regards. **Yes** **No**

I give my consent to AcadeMir Charter School West Afterschool Program to allow my child to use the internet under the supervision of the After School Program staff. **Yes** **No**

Payments, Fees and Emergency Regulations

Program fees are due in advance a week prior to each month. The Afterschool Program does not provide invoices or fee reminders. There will be no refund for illness or pro-rating for absenteeism. Late payment fee is \$15.00; it is also our policy to charge \$1.00 per minute past closing time, which is 6:00 PM. In the event of excessive tardiness (i.e. 3 late pick-ups) or payments not being made on time, your child may be not allowed back in the program.

In case of an emergency injury or illness, I authorize the Afterschool Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for the loss of any personal items. **I have read and understand the above information and the handbook.**

(Parent/Guardian Signature) _____

SITE DIRECTOR USE ONLY

Date Application Received: _____

First Day of Enrollment: _____

Student I.D. # _____

Received by: _____

Notes:
